



Effective on 12/08/2004

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

**FEE TRANSMITTAL
For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**Complete if Known**

Application Number	09/587,932
Filing Date	June 6, 2000
First Named Inventor	Qiu et al.
Examiner Name	Son, L.
Group Art Unit	2135
Attorney Docket No.	D02308

TOTAL AMOUNT OF PAYMENT (\$)**1240.00****METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: **502117** Deposit Account Name: **MOTOROLA, INC.**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	\$1,000.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims - 20 or HP= x Fee (\$)= Fee Paid (\$)=

HP=highest number of total claims paid for, if greater than 20

Multiple Dependent Claims Fee (\$)= Fee Paid (\$)=

Indep. Claims - 3 or HP= x Fee (\$)= Fee Paid (\$)=

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE:

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = /50 = (round up to a whole number) x

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination (RCE) and Petition for Extension of Time

Fee Paid (\$)
\$1240**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Benjamin D. Driscoll	Registration No.	41,571	Telephone	215-323-1840
Signature	<i>Bm D Driscoll</i>			Date	8/16/05